

**E2SSB 5649** - H COMM AMD

By Committee on Judiciary

Strike everything after the enacting clause and insert the following:

**"Sec. 1.** RCW 71.05.010 and 1998 c 297 s 2 are each amended to read as follows:

(1) The provisions of this chapter are intended by the legislature:

((+1)) (a) To protect the health and safety of persons suffering from mental disorders and to protect public safety through use of the parens patriae and police powers of the state;

(b) To prevent inappropriate, indefinite commitment of mentally disordered persons and to eliminate legal disabilities that arise from such commitment;

((+2)) (c) To provide prompt evaluation and timely and appropriate treatment of persons with serious mental disorders;

((+3)) (d) To safeguard individual rights;

((+4)) (e) To provide continuity of care for persons with serious mental disorders;

((+5)) (f) To encourage the full use of all existing agencies, professional personnel, and public funds to prevent duplication of services and unnecessary expenditures; and

((+6)) (g) To encourage, whenever appropriate, that services be provided within the community(

+7) To protect the public safety)).

(2) When construing the requirements of this chapter the court must focus on the merits of the petition, except where requirements have been totally disregarded, as provided in *In re C.W.*, 147 Wn.2d 259, 281 (2002). A presumption in favor of deciding petitions on their merits furthers both public and private interests because the mental and physical well-being of individuals as well as public safety may be implicated by the decision to release an individual and discontinue his or her treatment.

**NEW SECTION. Sec. 2.** A new section is added to chapter 71.05 RCW to read as follows:

1 (1) The department may use a single bed certification process as  
2 outlined in rule to provide additional treatment capacity for a  
3 person suffering from a mental disorder for whom an evaluation and  
4 treatment bed is not available. The facility that is the proposed  
5 site of the single bed certification must be a facility that is  
6 willing and able to provide the person with timely and appropriate  
7 treatment either directly or by arrangement with other public or  
8 private agencies.

9 (2) A single bed certification must be specific to the patient  
10 receiving treatment.

11 (3) A designated mental health professional who submits an  
12 application for a single bed certification for treatment at a  
13 facility that is willing and able to provide timely and appropriate  
14 mental health treatment in good faith belief that the single bed  
15 certification is appropriate may presume that the single bed  
16 certification will be approved for the purpose of completing the  
17 detention process and responding to other emergency calls.

18 (4) The department may adopt rules implementing this section and  
19 continue to enforce rules it has already adopted except where  
20 inconsistent with this section.

21 NEW SECTION. Sec. 3. A new section is added to chapter 71.05  
22 RCW to read as follows:

23 (1) A designated mental health professional shall make a report  
24 to the department when he or she determines a person meets detention  
25 criteria under RCW 71.05.150, 71.05.153, 71.34.700, or 71.34.710 and  
26 there are not any beds available at an evaluation and treatment  
27 facility, the person has not been provisionally accepted for  
28 admission by a facility, and the person cannot be served on a single  
29 bed certification or less restrictive alternative. Starting at the  
30 time when the designated mental health professional determines a  
31 person meets detention criteria and the investigation has been  
32 completed, the designated mental health professional has twenty-four  
33 hours to submit a completed report to the department.

34 (2) The report required under subsection (1) of this section must  
35 contain at a minimum:

36 (a) The date and time that the investigation was completed;

37 (b) The identity of the responsible regional support network or  
38 behavioral health organization;

39 (c) The county in which the person met detention criteria;

1 (d) A list of facilities which refused to admit the person; and  
2 (e) Identifying information for the person, including age or date  
3 of birth.

4 (3) The department shall develop a standardized reporting form or  
5 modify the current form used for single bed certifications for the  
6 report required under subsection (2) of this section and may require  
7 additional reporting elements as it determines are necessary or  
8 supportive. The department shall also determine the method for the  
9 transmission of the completed report from the designated mental  
10 health professional to the department.

11 (4) The department shall create quarterly reports displayed on  
12 its web site that summarize the information reported under subsection  
13 (2) of this section. At a minimum, the reports must display data by  
14 county and by month. The reports must also include the number of  
15 single bed certifications granted by category. The categories must  
16 include all of the reasons that the department recognizes for issuing  
17 a single bed certification, as identified in rule.

18 (5) The reports provided according to this section may not  
19 display "protected health information" as that term is used in the  
20 federal health insurance portability and accountability act of 1996,  
21 nor information contained in "mental health treatment records" as  
22 that term is used in chapter 70.02 RCW or elsewhere in state law, and  
23 must otherwise be compliant with state and federal privacy laws.

24 (6) For purposes of this section, the term "single bed  
25 certification" means a situation in which an adult on a seventy-two  
26 hour detention, fourteen-day commitment, ninety-day commitment, or  
27 one hundred eighty-day commitment is detained to a facility that is:

28 (a) Not certified as an inpatient evaluation and treatment  
29 facility; or

30 (b) A certified inpatient evaluation and treatment facility that  
31 is already at capacity.

32 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.05  
33 RCW to read as follows:

34 (1) The department shall promptly share reports it receives under  
35 section 3 of this act with the responsible regional support network  
36 or behavioral health organization. The regional support network or  
37 behavioral health organization receiving this notification must  
38 attempt to engage the person in appropriate services for which the

1 person is eligible and report back within seven days to the  
2 department.

3 (2) The department shall track and analyze reports submitted  
4 under section 3 of this act. The department must initiate corrective  
5 action when appropriate to ensure that each regional support network  
6 or behavioral health organization has implemented an adequate plan to  
7 provide evaluation and treatment services. Corrective actions may  
8 include remedies under RCW 71.24.330 and 43.20A.894, including  
9 requiring expenditure of reserve funds. An adequate plan may include  
10 development of less restrictive alternatives to involuntary  
11 commitment such as crisis triage, crisis diversion, voluntary  
12 treatment, or prevention programs reasonably calculated to reduce  
13 demand for evaluation and treatment under this chapter.

14 **Sec. 5.** RCW 71.05.050 and 2000 c 94 s 3 are each amended to read  
15 as follows:

16 (1) Nothing in this chapter shall be construed to limit the right  
17 of any person to apply voluntarily to any public or private agency or  
18 practitioner for treatment of a mental disorder, either by direct  
19 application or by referral. Any person voluntarily admitted for  
20 inpatient treatment to any public or private agency shall be released  
21 immediately upon his or her request. Any person voluntarily admitted  
22 for inpatient treatment to any public or private agency shall orally  
23 be advised of the right to immediate discharge, and further advised  
24 of such rights in writing as are secured to them pursuant to this  
25 chapter and their rights of access to attorneys, courts, and other  
26 legal redress. Their condition and status shall be reviewed at least  
27 once each one hundred eighty days for evaluation as to the need for  
28 further treatment or possible discharge, at which time they shall  
29 again be advised of their right to discharge upon request(~~((+PROVIDED~~  
30 ~~HOWEVER, That))~~).

31 (2) If the professional staff of any public or private agency or  
32 hospital regards a person voluntarily admitted who requests discharge  
33 as presenting, as a result of a mental disorder, an imminent  
34 likelihood of serious harm, or is gravely disabled, they may detain  
35 such person for sufficient time to notify the ((~~county~~)) designated  
36 mental health professional of such person's condition to enable the  
37 ((~~county~~)) designated mental health professional to authorize such  
38 person being further held in custody or transported to an evaluation  
39 and treatment center pursuant to the provisions of this chapter,

1 which shall in ordinary circumstances be no later than the next  
2 judicial day(~~(+ PROVIDED FURTHER, That))~~).

3 (3) If a person is brought to the emergency room of a public or  
4 private agency or hospital for observation or treatment, the person  
5 refuses voluntary admission, and the professional staff of the public  
6 or private agency or hospital regard such person as presenting as a  
7 result of a mental disorder an imminent likelihood of serious harm,  
8 or as presenting an imminent danger because of grave disability, they  
9 may detain such person for sufficient time to notify the ((county))  
10 designated mental health professional of such person's condition to  
11 enable the ((county)) designated mental health professional to  
12 authorize such person being further held in custody or transported to  
13 an evaluation treatment center pursuant to the conditions in this  
14 chapter, but which time shall be no more than six hours from the time  
15 the professional staff ((determine that an evaluation by)) notify the  
16 ((county)) designated mental health professional ((is necessary)) of  
17 the need for evaluation, not counting time periods prior to medical  
18 clearance.

19 (4) Dismissal of a commitment petition is not the appropriate  
20 remedy for a violation of the timeliness requirements of this section  
21 based on the intent of this chapter under RCW 71.05.010 except in the  
22 few cases where the facility staff or designated mental health  
23 professional has totally disregarded the requirements of this  
24 section.

25 **Sec. 6.** RCW 71.05.153 and 2011 c 305 s 8 and 2011 c 148 s 2 are  
26 each reenacted and amended to read as follows:

27 (1) When a designated mental health professional receives  
28 information alleging that a person, as the result of a mental  
29 disorder, presents an imminent likelihood of serious harm, or is in  
30 imminent danger because of being gravely disabled, after  
31 investigation and evaluation of the specific facts alleged and of the  
32 reliability and credibility of the person or persons providing the  
33 information if any, the designated mental health professional may  
34 take such person, or cause by oral or written order such person to be  
35 taken into emergency custody in an evaluation and treatment facility  
36 for not more than seventy-two hours as described in RCW 71.05.180.

37 (2) A peace officer may take or cause such person to be taken  
38 into custody and immediately delivered to a triage facility, crisis  
39 stabilization unit, evaluation and treatment facility, or the

1 emergency department of a local hospital under the following  
2 circumstances:

3 (a) Pursuant to subsection (1) of this section; or

4 (b) When he or she has reasonable cause to believe that such  
5 person is suffering from a mental disorder and presents an imminent  
6 likelihood of serious harm or is in imminent danger because of being  
7 gravely disabled.

8 (3) Persons delivered to a crisis stabilization unit, evaluation  
9 and treatment facility, emergency department of a local hospital, or  
10 triage facility that has elected to operate as an involuntary  
11 facility by peace officers pursuant to subsection (2) of this section  
12 may be held by the facility for a period of up to twelve hours, not  
13 counting time periods prior to medical clearance.

14 (4) Within three hours (~~(of)~~) after arrival, not counting time  
15 periods prior to medical clearance, the person must be examined by a  
16 mental health professional. Within twelve hours of (~~(arrival)~~) notice  
17 of the need for evaluation, not counting time periods prior to  
18 medical clearance, the designated mental health professional must  
19 determine whether the individual meets detention criteria. If the  
20 individual is detained, the designated mental health professional  
21 shall file a petition for detention or a supplemental petition as  
22 appropriate and commence service on the designated attorney for the  
23 detained person. If the individual is released to the community, the  
24 mental health provider shall inform the peace officer of the release  
25 within a reasonable period of time after the release if the peace  
26 officer has specifically requested notification and provided contact  
27 information to the provider.

28 (5) Dismissal of a commitment petition is not the appropriate  
29 remedy for a violation of the timeliness requirements of this section  
30 based on the intent of this chapter under RCW 71.05.010 except in the  
31 few cases where the facility staff or designated mental health  
32 professional has totally disregarded the requirements of this  
33 section.

34 **Sec. 7.** RCW 71.05.210 and 2009 c 217 s 1 are each amended to  
35 read as follows:

36 Each person involuntarily detained and accepted or admitted at an  
37 evaluation and treatment facility (1) shall, within twenty-four hours  
38 of his or her admission or acceptance at the facility, not counting  
39 time periods prior to medical clearance, be examined and evaluated by

(a) a licensed physician who may be assisted by a physician assistant according to chapter 18.71A RCW and a mental health professional, (b) an advanced registered nurse practitioner according to chapter 18.79 RCW and a mental health professional, or (c) a licensed physician and a psychiatric advanced registered nurse practitioner and (2) shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four hours prior to a trial or hearing pursuant to RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.340, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse: (a) Any other medication previously prescribed by a person licensed under Title 18 RCW; or (b) emergency lifesaving treatment, and the individual shall be informed at an appropriate time of his or her right of such refusal. The person shall be detained up to seventy-two hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for seventy-two hours shall no later than the end of such period be released, unless referred for further care on a voluntary basis, or detained pursuant to court order for further treatment as provided in this chapter.

If, after examination and evaluation, the mental health professional and licensed physician or psychiatric advanced registered nurse practitioner determine that the initial needs of the person would be better served by placement in a chemical dependency treatment facility, then the person shall be referred to an approved treatment program defined under RCW 70.96A.020.

An evaluation and treatment center admitting or accepting any person pursuant to this chapter whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for evaluation or admission for treatment. Notice of such fact shall be given to the court, the designated attorney, and the designated mental health professional and the court shall order such continuance in proceedings under this chapter as may be necessary, but in no event may this continuance be more than fourteen days.

**Sec. 8.** RCW 71.24.035 and 2014 c 225 s 11 are each amended to read as follows:

1 (1) The department is designated as the state mental health  
2 authority.

3 (2) The secretary shall provide for public, client, tribal, and  
4 licensed service provider participation in developing the state  
5 mental health program, developing contracts with behavioral health  
6 organizations, and any waiver request to the federal government under  
7 medicaid.

8 (3) The secretary shall provide for participation in developing  
9 the state mental health program for children and other underserved  
10 populations, by including representatives on any committee  
11 established to provide oversight to the state mental health program.

12 (4) The secretary shall be designated as the behavioral health  
13 organization if the behavioral health organization fails to meet  
14 state minimum standards or refuses to exercise responsibilities under  
15 its contract or RCW 71.24.045, until such time as a new behavioral  
16 health organization is designated.

17 (5) The secretary shall:

18 (a) Develop a biennial state mental health program that  
19 incorporates regional biennial needs assessments and regional mental  
20 health service plans and state services for adults and children with  
21 mental illness;

22 (b) Assure that any behavioral health organization or county  
23 community mental health program provides medically necessary services  
24 to medicaid recipients consistent with the state's medicaid state  
25 plan or federal waiver authorities, and nonmedicaid services  
26 consistent with priorities established by the department;

27 (c) Develop and adopt rules establishing state minimum standards  
28 for the delivery of mental health services pursuant to RCW 71.24.037  
29 including, but not limited to:

30 (i) Licensed service providers. These rules shall permit a  
31 county-operated mental health program to be licensed as a service  
32 provider subject to compliance with applicable statutes and rules.  
33 The secretary shall provide for deeming of compliance with state  
34 minimum standards for those entities accredited by recognized  
35 behavioral health accrediting bodies recognized and having a current  
36 agreement with the department;

37 (ii) Inpatient services, an adequate network of evaluation and  
38 treatment services and facilities under chapter 71.05 RCW to ensure  
39 access to treatment, resource management services, and community  
40 support services;

1 (d) Assure that the special needs of persons who are minorities,  
2 elderly, disabled, children, low-income, and parents who are  
3 respondents in dependency cases are met within the priorities  
4 established in this section;

5 (e) Establish a standard contract or contracts, consistent with  
6 state minimum standards which shall be used in contracting with  
7 behavioral health organizations. The standard contract shall include  
8 a maximum fund balance, which shall be consistent with that required  
9 by federal regulations or waiver stipulations;

10 (f) Establish, to the extent possible, a standardized auditing  
11 procedure which is designed to assure compliance with contractual  
12 agreements authorized by this chapter and minimizes paperwork  
13 requirements of behavioral health organizations and licensed service  
14 providers. The audit procedure shall focus on the outcomes of service  
15 as provided in RCW 43.20A.895, 70.320.020, and 71.36.025;

16 (g) Develop and maintain an information system to be used by the  
17 state and behavioral health organizations that includes a tracking  
18 method which allows the department and behavioral health  
19 organizations to identify mental health clients' participation in any  
20 mental health service or public program on an immediate basis. The  
21 information system shall not include individual patient's case  
22 history files. Confidentiality of client information and records  
23 shall be maintained as provided in this chapter and chapter 70.02  
24 RCW;

25 (h) License service providers who meet state minimum standards;

26 (i) Periodically monitor the compliance of behavioral health  
27 organizations and their network of licensed service providers for  
28 compliance with the contract between the department, the behavioral  
29 health organization, and federal and state rules at reasonable times  
30 and in a reasonable manner;

31 (j) Fix fees to be paid by evaluation and treatment centers to  
32 the secretary for the required inspections;

33 (k) Monitor and audit behavioral health organizations and  
34 licensed service providers as needed to assure compliance with  
35 contractual agreements authorized by this chapter;

36 (l) Adopt such rules as are necessary to implement the  
37 department's responsibilities under this chapter;

38 (m) License or certify crisis stabilization units that meet state  
39 minimum standards;

1 (n) License or certify clubhouses that meet state minimum  
2 standards; and

3 (o) License or certify triage facilities that meet state minimum  
4 standards.

5 (6) The secretary shall use available resources only for  
6 behavioral health organizations, except:

7 (a) To the extent authorized, and in accordance with any  
8 priorities or conditions specified, in the biennial appropriations  
9 act; or

10 (b) To incentivize improved performance with respect to the  
11 client outcomes established in RCW 43.20A.895, 70.320.020, and  
12 71.36.025, integration of behavioral health and medical services at  
13 the clinical level, and improved care coordination for individuals  
14 with complex care needs.

15 (7) Each behavioral health organization and licensed service  
16 provider shall file with the secretary, on request, such data,  
17 statistics, schedules, and information as the secretary reasonably  
18 requires. A behavioral health organization or licensed service  
19 provider which, without good cause, fails to furnish any data,  
20 statistics, schedules, or information as requested, or files  
21 fraudulent reports thereof, may be subject to the behavioral health  
22 organization contractual remedies in RCW 43.20A.894 or may have its  
23 service provider certification or license revoked or suspended.

24 (8) The secretary may suspend, revoke, limit, or restrict a  
25 certification or license, or refuse to grant a certification or  
26 license for failure to conform to: (a) The law; (b) applicable rules  
27 and regulations; (c) applicable standards; or (d) state minimum  
28 standards.

29 (9) The superior court may restrain any behavioral health  
30 organization or service provider from operating without a contract,  
31 certification, or a license or any other violation of this section.  
32 The court may also review, pursuant to procedures contained in  
33 chapter 34.05 RCW, any denial, suspension, limitation, restriction,  
34 or revocation of certification or license, and grant other relief  
35 required to enforce the provisions of this chapter.

36 (10) Upon petition by the secretary, and after hearing held upon  
37 reasonable notice to the facility, the superior court may issue a  
38 warrant to an officer or employee of the secretary authorizing him or  
39 her to enter at reasonable times, and examine the records, books, and  
40 accounts of any behavioral health organization(~~s~~[organization]) or

1 service provider refusing to consent to inspection or examination by  
2 the authority.

3 (11) Notwithstanding the existence or pursuit of any other  
4 remedy, the secretary may file an action for an injunction or other  
5 process against any person or governmental unit to restrain or  
6 prevent the establishment, conduct, or operation of a behavioral  
7 health organization or service provider without a contract,  
8 certification, or a license under this chapter.

9 (12) The standards for certification or licensure of evaluation  
10 and treatment facilities shall include standards relating to  
11 maintenance of good physical and mental health and other services to  
12 be afforded persons pursuant to this chapter and chapters 71.05 and  
13 71.34 RCW, and shall otherwise assure the effectuation of the  
14 purposes of these chapters.

15 (13) The standards for certification or licensure of crisis  
16 stabilization units shall include standards that:

17 (a) Permit location of the units at a jail facility if the unit  
18 is physically separate from the general population of the jail;

19 (b) Require administration of the unit by mental health  
20 professionals who direct the stabilization and rehabilitation  
21 efforts; and

22 (c) Provide an environment affording security appropriate with  
23 the alleged criminal behavior and necessary to protect the public  
24 safety.

25 (14) The standards for certification or licensure of a clubhouse  
26 shall at a minimum include:

27 (a) The facilities may be peer-operated and must be  
28 recovery-focused;

29 (b) Members and employees must work together;

30 (c) Members must have the opportunity to participate in all the  
31 work of the clubhouse, including administration, research, intake and  
32 orientation, outreach, hiring, training and evaluation of staff,  
33 public relations, advocacy, and evaluation of clubhouse  
34 effectiveness;

35 (d) Members and staff and ultimately the clubhouse director must  
36 be responsible for the operation of the clubhouse, central to this  
37 responsibility is the engagement of members and staff in all aspects  
38 of clubhouse operations;

39 (e) Clubhouse programs must be comprised of structured activities  
40 including but not limited to social skills training, vocational

1 rehabilitation, employment training and job placement, and community  
2 resource development;

3 (f) Clubhouse programs must provide in-house educational programs  
4 that significantly utilize the teaching and tutoring skills of  
5 members and assist members by helping them to take advantage of adult  
6 education opportunities in the community;

7 (g) Clubhouse programs must focus on strengths, talents, and  
8 abilities of its members;

9 (h) The work-ordered day may not include medication clinics, day  
10 treatment, or other therapy programs within the clubhouse.

11 (15) The department shall distribute appropriated state and  
12 federal funds in accordance with any priorities, terms, or conditions  
13 specified in the appropriations act.

14 (16) The secretary shall assume all duties assigned to the  
15 nonparticipating behavioral health organizations under chapters 71.05  
16 and 71.34 RCW and this chapter. Such responsibilities shall include  
17 those which would have been assigned to the nonparticipating counties  
18 in regions where there are not participating behavioral health  
19 organizations.

20 The behavioral health organizations, or the secretary's  
21 assumption of all responsibilities under chapters 71.05 and 71.34 RCW  
22 and this chapter, shall be included in all state and federal plans  
23 affecting the state mental health program including at least those  
24 required by this chapter, the medicaid program, and P.L. 99-660.  
25 Nothing in these plans shall be inconsistent with the intent and  
26 requirements of this chapter.

27 (17) The secretary shall:

28 (a) Disburse funds for the behavioral health organizations within  
29 sixty days of approval of the biennial contract. The department must  
30 either approve or reject the biennial contract within sixty days of  
31 receipt.

32 (b) Enter into biennial contracts with behavioral health  
33 organizations. The contracts shall be consistent with available  
34 resources. No contract shall be approved that does not include  
35 progress toward meeting the goals of this chapter by taking  
36 responsibility for: (i) Short-term commitments; (ii) residential  
37 care; and (iii) emergency response systems.

38 (c) Notify behavioral health organizations of their allocation of  
39 available resources at least sixty days prior to the start of a new  
40 biennial contract period.

1 (d) Deny all or part of the funding allocations to behavioral  
2 health organizations based solely upon formal findings of  
3 noncompliance with the terms of the behavioral health organization's  
4 contract with the department. Behavioral health organizations  
5 disputing the decision of the secretary to withhold funding  
6 allocations are limited to the remedies provided in the department's  
7 contracts with the behavioral health organizations.

8 (18) The department, in cooperation with the state congressional  
9 delegation, shall actively seek waivers of federal requirements and  
10 such modifications of federal regulations as are necessary to allow  
11 federal medicaid reimbursement for services provided by freestanding  
12 evaluation and treatment facilities certified under chapter 71.05  
13 RCW. The department shall periodically report its efforts to the  
14 appropriate committees of the senate and the house of  
15 representatives.

16 **Sec. 9.** RCW 71.24.300 and 2008 c 261 s 4 are each amended to  
17 read as follows:

18 (1) Upon the request of a tribal authority or authorities within  
19 a regional support network the joint operating agreement or the  
20 county authority shall allow for the inclusion of the tribal  
21 authority to be represented as a party to the regional support  
22 network.

23 (2) The roles and responsibilities of the county and tribal  
24 authorities shall be determined by the terms of that agreement  
25 including a determination of membership on the governing board and  
26 advisory committees, the number of tribal representatives to be party  
27 to the agreement, and the provisions of law and shall assure the  
28 provision of culturally competent services to the tribes served.

29 (3) The state mental health authority may not determine the roles  
30 and responsibilities of county authorities as to each other under  
31 regional support networks by rule, except to assure that all duties  
32 required of regional support networks are assigned and that counties  
33 and the regional support network do not duplicate functions and that  
34 a single authority has final responsibility for all available  
35 resources and performance under the regional support network's  
36 contract with the secretary.

37 (4) If a regional support network is a private entity, the  
38 department shall allow for the inclusion of the tribal authority to  
39 be represented as a party to the regional support network.

1 (5) The roles and responsibilities of the private entity and the  
2 tribal authorities shall be determined by the department, through  
3 negotiation with the tribal authority.

4 (6) Regional support networks shall submit an overall six-year  
5 operating and capital plan, timeline, and budget and submit progress  
6 reports and an updated two-year plan biennially thereafter, to assume  
7 within available resources all of the following duties:

8 (a) Administer and provide for the availability of all resource  
9 management services, residential services, and community support  
10 services.

11 (b) Administer and provide for the availability of an adequate  
12 network of evaluation and treatment services to ensure access to  
13 treatment, all investigation, transportation, court-related, and  
14 other services provided by the state or counties pursuant to chapter  
15 71.05 RCW.

16 (c) Provide within the boundaries of each regional support  
17 network evaluation and treatment services for at least ninety percent  
18 of persons detained or committed for periods up to seventeen days  
19 according to chapter 71.05 RCW. Regional support networks may  
20 contract to purchase evaluation and treatment services from other  
21 networks if they are unable to provide for appropriate resources  
22 within their boundaries. Insofar as the original intent of serving  
23 persons in the community is maintained, the secretary is authorized  
24 to approve exceptions on a case-by-case basis to the requirement to  
25 provide evaluation and treatment services within the boundaries of  
26 each regional support network. Such exceptions are limited to:

27 (i) Contracts with neighboring or contiguous regions; or  
28 (ii) Individuals detained or committed for periods up to  
29 seventeen days at the state hospitals at the discretion of the  
30 secretary.

31 (d) Administer and provide for the availability of all other  
32 mental health services, which shall include patient counseling, day  
33 treatment, consultation, education services, employment services as  
34 ~~((defined))~~ described in RCW 71.24.035, and mental health services to  
35 children.

36 (e) Establish standards and procedures for reviewing individual  
37 service plans and determining when that person may be discharged from  
38 resource management services.

39 (7) A regional support network may request that any state-owned  
40 land, building, facility, or other capital asset which was ever

1 purchased, deeded, given, or placed in trust for the care of the  
2 persons with mental illness and which is within the boundaries of a  
3 regional support network be made available to support the operations  
4 of the regional support network. State agencies managing such capital  
5 assets shall give first priority to requests for their use pursuant  
6 to this chapter.

7 (8) Each regional support network shall appoint a mental health  
8 advisory board which shall review and provide comments on plans and  
9 policies developed under this chapter, provide local oversight  
10 regarding the activities of the regional support network, and work  
11 with the regional support network to resolve significant concerns  
12 regarding service delivery and outcomes. The department shall  
13 establish statewide procedures for the operation of regional advisory  
14 committees including mechanisms for advisory board feedback to the  
15 department regarding regional support network performance. The  
16 composition of the board shall be broadly representative of the  
17 demographic character of the region and shall include, but not be  
18 limited to, representatives of consumers and families, law  
19 enforcement, and where the county is not the regional support  
20 network, county elected officials. Composition and length of terms of  
21 board members may differ between regional support networks but shall  
22 be included in each regional support network's contract and approved  
23 by the secretary.

24 (9) Regional support networks shall assume all duties specified  
25 in their plans and joint operating agreements through biennial  
26 contractual agreements with the secretary.

27 (10) Regional support networks may receive technical assistance  
28 from the housing trust fund and may identify and submit projects for  
29 housing and housing support services to the housing trust fund  
30 established under chapter 43.185 RCW. Projects identified or  
31 submitted under this subsection must be fully integrated with the  
32 regional support network six-year operating and capital plan,  
33 timeline, and budget required by subsection (6) of this section.

34 **Sec. 10.** RCW 71.24.300 and 2014 c 225 s 39 are each amended to  
35 read as follows:

36 (1) Upon the request of a tribal authority or authorities within  
37 a behavioral health organization the joint operating agreement or the  
38 county authority shall allow for the inclusion of the tribal

1 authority to be represented as a party to the behavioral health  
2 organization.

3 (2) The roles and responsibilities of the county and tribal  
4 authorities shall be determined by the terms of that agreement  
5 including a determination of membership on the governing board and  
6 advisory committees, the number of tribal representatives to be party  
7 to the agreement, and the provisions of law and shall assure the  
8 provision of culturally competent services to the tribes served.

9 (3) The state mental health authority may not determine the roles  
10 and responsibilities of county authorities as to each other under  
11 behavioral health organizations by rule, except to assure that all  
12 duties required of behavioral health organizations are assigned and  
13 that counties and the behavioral health organization do not duplicate  
14 functions and that a single authority has final responsibility for  
15 all available resources and performance under the behavioral health  
16 organization's contract with the secretary.

17 (4) If a behavioral health organization is a private entity, the  
18 department shall allow for the inclusion of the tribal authority to  
19 be represented as a party to the behavioral health organization.

20 (5) The roles and responsibilities of the private entity and the  
21 tribal authorities shall be determined by the department, through  
22 negotiation with the tribal authority.

23 (6) Behavioral health organizations shall submit an overall six-  
24 year operating and capital plan, timeline, and budget and submit  
25 progress reports and an updated two-year plan biennially thereafter,  
26 to assume within available resources all of the following duties:

27 (a) Administer and provide for the availability of all resource  
28 management services, residential services, and community support  
29 services.

30 (b) Administer and provide for the availability of an adequate  
31 network of evaluation and treatment services to ensure access to  
32 treatment, all investigation, transportation, court-related, and  
33 other services provided by the state or counties pursuant to chapter  
34 71.05 RCW.

35 (c) Provide within the boundaries of each behavioral health  
36 organization evaluation and treatment services for at least ninety  
37 percent of persons detained or committed for periods up to seventeen  
38 days according to chapter 71.05 RCW. Behavioral health organizations  
39 may contract to purchase evaluation and treatment services from other  
40 organizations if they are unable to provide for appropriate resources

1 within their boundaries. Insofar as the original intent of serving  
2 persons in the community is maintained, the secretary is authorized  
3 to approve exceptions on a case-by-case basis to the requirement to  
4 provide evaluation and treatment services within the boundaries of  
5 each behavioral health organization. Such exceptions are limited to:

- 6 (i) Contracts with neighboring or contiguous regions; or
- 7 (ii) Individuals detained or committed for periods up to  
8 seventeen days at the state hospitals at the discretion of the  
9 secretary.

10 (d) Administer and provide for the availability of all other  
11 mental health services, which shall include patient counseling, day  
12 treatment, consultation, education services, employment services as  
13 described in RCW 71.24.035, and mental health services to children.

14 (e) Establish standards and procedures for reviewing individual  
15 service plans and determining when that person may be discharged from  
16 resource management services.

17 (7) A behavioral health organization may request that any state-  
18 owned land, building, facility, or other capital asset which was ever  
19 purchased, deeded, given, or placed in trust for the care of the  
20 persons with mental illness and which is within the boundaries of a  
21 behavioral health organization be made available to support the  
22 operations of the behavioral health organization. State agencies  
23 managing such capital assets shall give first priority to requests  
24 for their use pursuant to this chapter.

25 (8) Each behavioral health organization shall appoint a mental  
26 health advisory board which shall review and provide comments on  
27 plans and policies developed under this chapter, provide local  
28 oversight regarding the activities of the behavioral health  
29 organization, and work with the behavioral health organization to  
30 resolve significant concerns regarding service delivery and outcomes.  
31 The department shall establish statewide procedures for the operation  
32 of regional advisory committees including mechanisms for advisory  
33 board feedback to the department regarding behavioral health  
34 organization performance. The composition of the board shall be  
35 broadly representative of the demographic character of the region and  
36 shall include, but not be limited to, representatives of consumers  
37 and families, law enforcement, and where the county is not the  
38 behavioral health organization, county elected officials. Composition  
39 and length of terms of board members may differ between behavioral

1 health organizations but shall be included in each behavioral health  
2 organization's contract and approved by the secretary.

3 (9) Behavioral health organizations shall assume all duties  
4 specified in their plans and joint operating agreements through  
5 biennial contractual agreements with the secretary.

6 (10) Behavioral health organizations may receive technical  
7 assistance from the housing trust fund and may identify and submit  
8 projects for housing and housing support services to the housing  
9 trust fund established under chapter 43.185 RCW. Projects identified  
10 or submitted under this subsection must be fully integrated with the  
11 behavioral health organization six-year operating and capital plan,  
12 timeline, and budget required by subsection (6) of this section.

13 NEW SECTION. **Sec. 11.** A new section is added to chapter 71.24  
14 RCW to read as follows:

15 The department must collaborate with regional support networks or  
16 behavioral health organizations and the Washington state institute  
17 for public policy to estimate the capacity needs for evaluation and  
18 treatment services within each regional service area. Estimated  
19 capacity needs shall include consideration of the average occupancy  
20 rates needed to provide an adequate network of evaluation and  
21 treatment services to ensure access to treatment. A regional service  
22 network or behavioral health organization must develop and maintain  
23 an adequate plan to provide for evaluation and treatment needs.

24 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.34  
25 RCW to read as follows:

26 (1) The department may use a single bed certification process as  
27 outlined in rule to provide additional treatment capacity for a minor  
28 suffering from a mental disorder for whom an evaluation and treatment  
29 bed is not available. The facility that is the proposed site of the  
30 single bed certification must be a facility that is willing and able  
31 to provide the person with timely and appropriate treatment either  
32 directly or by arrangement with other public or private agencies.

33 (2) A single bed certification must be specific to the minor  
34 receiving treatment.

35 (3) A designated mental health professional who submits an  
36 application for a single bed certification for treatment at a  
37 facility that is willing and able to provide timely and appropriate  
38 mental health treatment in good faith belief that the single bed

1 certification is appropriate may presume that the single bed  
2 certification will be approved for the purpose of completing the  
3 detention process and responding to other emergency calls.

4 (4) The department may adopt rules implementing this section and  
5 continue to enforce rules it has already adopted except where  
6 inconsistent with this section.

7 **Sec. 13.** RCW 71.05.020 and 2011 c 148 s 1 and 2011 c 89 s 14 are  
8 each reenacted and amended to read as follows:

9 The definitions in this section apply throughout this chapter  
10 unless the context clearly requires otherwise.

11 (1) "Admission" or "admit" means a decision by a physician or  
12 psychiatric advanced registered nurse practitioner that a person  
13 should be examined or treated as a patient in a hospital;

14 (2) "Antipsychotic medications" means that class of drugs  
15 primarily used to treat serious manifestations of mental illness  
16 associated with thought disorders, which includes, but is not limited  
17 to atypical antipsychotic medications;

18 (3) "Attending staff" means any person on the staff of a public  
19 or private agency having responsibility for the care and treatment of  
20 a patient;

21 (4) "Commitment" means the determination by a court that a person  
22 should be detained for a period of either evaluation or treatment, or  
23 both, in an inpatient or a less restrictive setting;

24 (5) "Conditional release" means a revocable modification of a  
25 commitment, which may be revoked upon violation of any of its terms;

26 (6) "Crisis stabilization unit" means a short-term facility or a  
27 portion of a facility licensed by the department of health and  
28 certified by the department of social and health services under RCW  
29 71.24.035, such as an evaluation and treatment facility or a  
30 hospital, which has been designed to assess, diagnose, and treat  
31 individuals experiencing an acute crisis without the use of long-term  
32 hospitalization;

33 (7) "Custody" means involuntary detention under the provisions of  
34 this chapter or chapter 10.77 RCW, uninterrupted by any period of  
35 unconditional release from commitment from a facility providing  
36 involuntary care and treatment;

37 (8) "Department" means the department of social and health  
38 services;

1 (9) "Designated chemical dependency specialist" means a person  
2 designated by the county alcoholism and other drug addiction program  
3 coordinator designated under RCW 70.96A.310 to perform the commitment  
4 duties described in chapters 70.96A and 70.96B RCW;

5 (10) "Designated crisis responder" means a mental health  
6 professional appointed by the county or the regional support network  
7 to perform the duties specified in this chapter;

8 (11) "Designated mental health professional" means a mental  
9 health professional designated by the county or other authority  
10 authorized in rule to perform the duties specified in this chapter;

11 (12) "Detention" or "detain" means the lawful confinement of a  
12 person, under the provisions of this chapter;

13 (13) "Developmental disabilities professional" means a person who  
14 has specialized training and three years of experience in directly  
15 treating or working with persons with developmental disabilities and  
16 is a psychiatrist, psychologist, psychiatric advanced registered  
17 nurse practitioner, or social worker, and such other developmental  
18 disabilities professionals as may be defined by rules adopted by the  
19 secretary;

20 (14) "Developmental disability" means that condition defined in  
21 RCW 71A.10.020(~~((3))~~) (5);

22 (15) "Discharge" means the termination of hospital medical  
23 authority. The commitment may remain in place, be terminated, or be  
24 amended by court order;

25 (16) "Evaluation and treatment facility" means any facility which  
26 can provide directly, or by direct arrangement with other public or  
27 private agencies, emergency evaluation and treatment, outpatient  
28 care, and timely and appropriate inpatient care to persons suffering  
29 from a mental disorder, and which is certified as such by the  
30 department. The department may certify single beds as temporary  
31 evaluation and treatment beds under section 2 of this act. A  
32 physically separate and separately operated portion of a state  
33 hospital may be designated as an evaluation and treatment facility. A  
34 facility which is part of, or operated by, the department or any  
35 federal agency will not require certification. No correctional  
36 institution or facility, or jail, shall be an evaluation and  
37 treatment facility within the meaning of this chapter;

38 (17) "Gravely disabled" means a condition in which a person, as a  
39 result of a mental disorder: (a) Is in danger of serious physical  
40 harm resulting from a failure to provide for his or her essential

1 human needs of health or safety; or (b) manifests severe  
2 deterioration in routine functioning evidenced by repeated and  
3 escalating loss of cognitive or volitional control over his or her  
4 actions and is not receiving such care as is essential for his or her  
5 health or safety;

6 (18) "Habilitative services" means those services provided by  
7 program personnel to assist persons in acquiring and maintaining life  
8 skills and in raising their levels of physical, mental, social, and  
9 vocational functioning. Habilitative services include education,  
10 training for employment, and therapy. The habilitative process shall  
11 be undertaken with recognition of the risk to the public safety  
12 presented by the person being assisted as manifested by prior charged  
13 criminal conduct;

14 (19) "History of one or more violent acts" refers to the period  
15 of time ten years prior to the filing of a petition under this  
16 chapter, excluding any time spent, but not any violent acts  
17 committed, in a mental health facility or in confinement as a result  
18 of a criminal conviction;

19 (20) "Imminent" means the state or condition of being likely to  
20 occur at any moment or near at hand, rather than distant or remote;

21 (21) "Individualized service plan" means a plan prepared by a  
22 developmental disabilities professional with other professionals as a  
23 team, for a person with developmental disabilities, which shall  
24 state:

25 (a) The nature of the person's specific problems, prior charged  
26 criminal behavior, and habilitation needs;

27 (b) The conditions and strategies necessary to achieve the  
28 purposes of habilitation;

29 (c) The intermediate and long-range goals of the habilitation  
30 program, with a projected timetable for the attainment;

31 (d) The rationale for using this plan of habilitation to achieve  
32 those intermediate and long-range goals;

33 (e) The staff responsible for carrying out the plan;

34 (f) Where relevant in light of past criminal behavior and due  
35 consideration for public safety, the criteria for proposed movement  
36 to less-restrictive settings, criteria for proposed eventual  
37 discharge or release, and a projected possible date for discharge or  
38 release; and

39 (g) The type of residence immediately anticipated for the person  
40 and possible future types of residences;

1 (22) "Information related to mental health services" means all  
2 information and records compiled, obtained, or maintained in the  
3 course of providing services to either voluntary or involuntary  
4 recipients of services by a mental health service provider. This may  
5 include documents of legal proceedings under this chapter or chapter  
6 71.34 or 10.77 RCW, or somatic health care information;

7 (23) "Judicial commitment" means a commitment by a court pursuant  
8 to the provisions of this chapter;

9 (24) "Legal counsel" means attorneys and staff employed by county  
10 prosecutor offices or the state attorney general acting in their  
11 capacity as legal representatives of public mental health service  
12 providers under RCW 71.05.130;

13 (25) "Likelihood of serious harm" means:

14 (a) A substantial risk that: (i) Physical harm will be inflicted  
15 by a person upon his or her own person, as evidenced by threats or  
16 attempts to commit suicide or inflict physical harm on oneself; (ii)  
17 physical harm will be inflicted by a person upon another, as  
18 evidenced by behavior which has caused such harm or which places  
19 another person or persons in reasonable fear of sustaining such harm;  
20 or (iii) physical harm will be inflicted by a person upon the  
21 property of others, as evidenced by behavior which has caused  
22 substantial loss or damage to the property of others; or

23 (b) The person has threatened the physical safety of another and  
24 has a history of one or more violent acts;

25 (26) "Mental disorder" means any organic, mental, or emotional  
26 impairment which has substantial adverse effects on a person's  
27 cognitive or volitional functions;

28 (27) "Mental health professional" means a psychiatrist,  
29 psychologist, psychiatric advanced registered nurse practitioner,  
30 psychiatric nurse, or social worker, and such other mental health  
31 professionals as may be defined by rules adopted by the secretary  
32 pursuant to the provisions of this chapter;

33 (28) "Mental health service provider" means a public or private  
34 agency that provides mental health services to persons with mental  
35 disorders as defined under this section and receives funding from  
36 public sources. This includes, but is not limited to, hospitals  
37 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
38 as defined in this section, community mental health service delivery  
39 systems or community mental health programs as defined in RCW  
40 71.24.025, facilities conducting competency evaluations and

1 restoration under chapter 10.77 RCW, and correctional facilities  
2 operated by state and local governments;

3 (29) "Peace officer" means a law enforcement official of a public  
4 agency or governmental unit, and includes persons specifically given  
5 peace officer powers by any state law, local ordinance, or judicial  
6 order of appointment;

7 (30) "Private agency" means any person, partnership, corporation,  
8 or association that is not a public agency, whether or not financed  
9 in whole or in part by public funds, which constitutes an evaluation  
10 and treatment facility or private institution, or hospital, which is  
11 conducted for, or includes a department or ward conducted for, the  
12 care and treatment of persons who are mentally ill;

13 (31) "Professional person" means a mental health professional and  
14 shall also mean a physician, psychiatric advanced registered nurse  
15 practitioner, registered nurse, and such others as may be defined by  
16 rules adopted by the secretary pursuant to the provisions of this  
17 chapter;

18 (32) "Psychiatric advanced registered nurse practitioner" means a  
19 person who is licensed as an advanced registered nurse practitioner  
20 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
21 practice psychiatric and mental health nursing;

22 (33) "Psychiatrist" means a person having a license as a  
23 physician and surgeon in this state who has in addition completed  
24 three years of graduate training in psychiatry in a program approved  
25 by the American medical association or the American osteopathic  
26 association and is certified or eligible to be certified by the  
27 American board of psychiatry and neurology;

28 (34) "Psychologist" means a person who has been licensed as a  
29 psychologist pursuant to chapter 18.83 RCW;

30 (35) "Public agency" means any evaluation and treatment facility  
31 or institution, or hospital which is conducted for, or includes a  
32 department or ward conducted for, the care and treatment of persons  
33 with mental illness, if the agency is operated directly by, federal,  
34 state, county, or municipal government, or a combination of such  
35 governments;

36 (36) "Registration records" include all the records of the  
37 department, regional support networks, treatment facilities, and  
38 other persons providing services to the department, county  
39 departments, or facilities which identify persons who are receiving  
40 or who at any time have received services for mental illness;

1 (37) "Release" means legal termination of the commitment under  
2 the provisions of this chapter;

3 (38) "Resource management services" has the meaning given in  
4 chapter 71.24 RCW;

5 (39) "Secretary" means the secretary of the department of social  
6 and health services, or his or her designee;

7 (40) "Serious violent offense" has the same meaning as provided  
8 in RCW 9.94A.030;

9 (41) "Social worker" means a person with a master's or further  
10 advanced degree from a social work educational program accredited and  
11 approved as provided in RCW 18.320.010;

12 (42) "Therapeutic court personnel" means the staff of a mental  
13 health court or other therapeutic court which has jurisdiction over  
14 defendants who are dually diagnosed with mental disorders, including  
15 court personnel, probation officers, a court monitor, prosecuting  
16 attorney, or defense counsel acting within the scope of therapeutic  
17 court duties;

18 (43) "Triage facility" means a short-term facility or a portion  
19 of a facility licensed by the department of health and certified by  
20 the department of social and health services under RCW 71.24.035,  
21 which is designed as a facility to assess and stabilize an individual  
22 or determine the need for involuntary commitment of an individual,  
23 and must meet department of health residential treatment facility  
24 standards. A triage facility may be structured as a voluntary or  
25 involuntary placement facility;

26 (44) "Treatment records" include registration and all other  
27 records concerning persons who are receiving or who at any time have  
28 received services for mental illness, which are maintained by the  
29 department, by regional support networks and their staffs, and by  
30 treatment facilities. Treatment records include mental health  
31 information contained in a medical bill including but not limited to  
32 mental health drugs, a mental health diagnosis, provider name, and  
33 dates of service stemming from a medical service. Treatment records  
34 do not include notes or records maintained for personal use by a  
35 person providing treatment services for the department, regional  
36 support networks, or a treatment facility if the notes or records are  
37 not available to others;

38 (45) "Violent act" means behavior that resulted in homicide,  
39 attempted suicide, nonfatal injuries, or substantial damage to  
40 property;

1       (46) "Medical clearance" means a physician or other health care  
2 provider has determined that a person is medically stable and ready  
3 for referral to the designated mental health professional.

4       **Sec. 14.** RCW 71.05.020 and 2014 c 225 s 79 are each reenacted  
5 and amended to read as follows:

6       The definitions in this section apply throughout this chapter  
7 unless the context clearly requires otherwise.

8       (1) "Admission" or "admit" means a decision by a physician or  
9 psychiatric advanced registered nurse practitioner that a person  
10 should be examined or treated as a patient in a hospital;

11       (2) "Antipsychotic medications" means that class of drugs  
12 primarily used to treat serious manifestations of mental illness  
13 associated with thought disorders, which includes, but is not limited  
14 to atypical antipsychotic medications;

15       (3) "Attending staff" means any person on the staff of a public  
16 or private agency having responsibility for the care and treatment of  
17 a patient;

18       (4) "Commitment" means the determination by a court that a person  
19 should be detained for a period of either evaluation or treatment, or  
20 both, in an inpatient or a less restrictive setting;

21       (5) "Conditional release" means a revocable modification of a  
22 commitment, which may be revoked upon violation of any of its terms;

23       (6) "Crisis stabilization unit" means a short-term facility or a  
24 portion of a facility licensed by the department of health and  
25 certified by the department of social and health services under RCW  
26 71.24.035, such as an evaluation and treatment facility or a  
27 hospital, which has been designed to assess, diagnose, and treat  
28 individuals experiencing an acute crisis without the use of long-term  
29 hospitalization;

30       (7) "Custody" means involuntary detention under the provisions of  
31 this chapter or chapter 10.77 RCW, uninterrupted by any period of  
32 unconditional release from commitment from a facility providing  
33 involuntary care and treatment;

34       (8) "Department" means the department of social and health  
35 services;

36       (9) "Designated chemical dependency specialist" means a person  
37 designated by the county alcoholism and other drug addiction program  
38 coordinator designated under RCW 70.96A.310 to perform the commitment  
39 duties described in chapters 70.96A and 70.96B RCW;

1 (10) "Designated crisis responder" means a mental health  
2 professional appointed by the county or the behavioral health  
3 organization to perform the duties specified in this chapter;

4 (11) "Designated mental health professional" means a mental  
5 health professional designated by the county or other authority  
6 authorized in rule to perform the duties specified in this chapter;

7 (12) "Detention" or "detain" means the lawful confinement of a  
8 person, under the provisions of this chapter;

9 (13) "Developmental disabilities professional" means a person who  
10 has specialized training and three years of experience in directly  
11 treating or working with persons with developmental disabilities and  
12 is a psychiatrist, psychologist, psychiatric advanced registered  
13 nurse practitioner, or social worker, and such other developmental  
14 disabilities professionals as may be defined by rules adopted by the  
15 secretary;

16 (14) "Developmental disability" means that condition defined in  
17 RCW 71A.10.020(~~((4))~~) (5);

18 (15) "Discharge" means the termination of hospital medical  
19 authority. The commitment may remain in place, be terminated, or be  
20 amended by court order;

21 (16) "Evaluation and treatment facility" means any facility which  
22 can provide directly, or by direct arrangement with other public or  
23 private agencies, emergency evaluation and treatment, outpatient  
24 care, and timely and appropriate inpatient care to persons suffering  
25 from a mental disorder, and which is certified as such by the  
26 department. The department may certify single beds as temporary  
27 evaluation and treatment beds under section 2 of this act. A  
28 physically separate and separately operated portion of a state  
29 hospital may be designated as an evaluation and treatment facility. A  
30 facility which is part of, or operated by, the department or any  
31 federal agency will not require certification. No correctional  
32 institution or facility, or jail, shall be an evaluation and  
33 treatment facility within the meaning of this chapter;

34 (17) "Gravely disabled" means a condition in which a person, as a  
35 result of a mental disorder: (a) Is in danger of serious physical  
36 harm resulting from a failure to provide for his or her essential  
37 human needs of health or safety; or (b) manifests severe  
38 deterioration in routine functioning evidenced by repeated and  
39 escalating loss of cognitive or volitional control over his or her

1 actions and is not receiving such care as is essential for his or her  
2 health or safety;

3 (18) "Habilitative services" means those services provided by  
4 program personnel to assist persons in acquiring and maintaining life  
5 skills and in raising their levels of physical, mental, social, and  
6 vocational functioning. Habilitative services include education,  
7 training for employment, and therapy. The habilitative process shall  
8 be undertaken with recognition of the risk to the public safety  
9 presented by the person being assisted as manifested by prior charged  
10 criminal conduct;

11 (19) "History of one or more violent acts" refers to the period  
12 of time ten years prior to the filing of a petition under this  
13 chapter, excluding any time spent, but not any violent acts  
14 committed, in a mental health facility or in confinement as a result  
15 of a criminal conviction;

16 (20) "Imminent" means the state or condition of being likely to  
17 occur at any moment or near at hand, rather than distant or remote;

18 (21) "Individualized service plan" means a plan prepared by a  
19 developmental disabilities professional with other professionals as a  
20 team, for a person with developmental disabilities, which shall  
21 state:

22 (a) The nature of the person's specific problems, prior charged  
23 criminal behavior, and habilitation needs;

24 (b) The conditions and strategies necessary to achieve the  
25 purposes of habilitation;

26 (c) The intermediate and long-range goals of the habilitation  
27 program, with a projected timetable for the attainment;

28 (d) The rationale for using this plan of habilitation to achieve  
29 those intermediate and long-range goals;

30 (e) The staff responsible for carrying out the plan;

31 (f) Where relevant in light of past criminal behavior and due  
32 consideration for public safety, the criteria for proposed movement  
33 to less-restrictive settings, criteria for proposed eventual  
34 discharge or release, and a projected possible date for discharge or  
35 release; and

36 (g) The type of residence immediately anticipated for the person  
37 and possible future types of residences;

38 (22) "Information related to mental health services" means all  
39 information and records compiled, obtained, or maintained in the  
40 course of providing services to either voluntary or involuntary

1 recipients of services by a mental health service provider. This may  
2 include documents of legal proceedings under this chapter or chapter  
3 71.34 or 10.77 RCW, or somatic health care information;

4 (23) "Judicial commitment" means a commitment by a court pursuant  
5 to the provisions of this chapter;

6 (24) "Legal counsel" means attorneys and staff employed by county  
7 prosecutor offices or the state attorney general acting in their  
8 capacity as legal representatives of public mental health service  
9 providers under RCW 71.05.130;

10 (25) "Likelihood of serious harm" means:

11 (a) A substantial risk that: (i) Physical harm will be inflicted  
12 by a person upon his or her own person, as evidenced by threats or  
13 attempts to commit suicide or inflict physical harm on oneself; (ii)  
14 physical harm will be inflicted by a person upon another, as  
15 evidenced by behavior which has caused such harm or which places  
16 another person or persons in reasonable fear of sustaining such harm;  
17 or (iii) physical harm will be inflicted by a person upon the  
18 property of others, as evidenced by behavior which has caused  
19 substantial loss or damage to the property of others; or

20 (b) The person has threatened the physical safety of another and  
21 has a history of one or more violent acts;

22 (26) "Mental disorder" means any organic, mental, or emotional  
23 impairment which has substantial adverse effects on a person's  
24 cognitive or volitional functions;

25 (27) "Mental health professional" means a psychiatrist,  
26 psychologist, psychiatric advanced registered nurse practitioner,  
27 psychiatric nurse, or social worker, and such other mental health  
28 professionals as may be defined by rules adopted by the secretary  
29 pursuant to the provisions of this chapter;

30 (28) "Mental health service provider" means a public or private  
31 agency that provides mental health services to persons with mental  
32 disorders as defined under this section and receives funding from  
33 public sources. This includes, but is not limited to, hospitals  
34 licensed under chapter 70.41 RCW, evaluation and treatment facilities  
35 as defined in this section, community mental health service delivery  
36 systems or community mental health programs as defined in RCW  
37 71.24.025, facilities conducting competency evaluations and  
38 restoration under chapter 10.77 RCW, and correctional facilities  
39 operated by state and local governments;

1 (29) "Peace officer" means a law enforcement official of a public  
2 agency or governmental unit, and includes persons specifically given  
3 peace officer powers by any state law, local ordinance, or judicial  
4 order of appointment;

5 (30) "Private agency" means any person, partnership, corporation,  
6 or association that is not a public agency, whether or not financed  
7 in whole or in part by public funds, which constitutes an evaluation  
8 and treatment facility or private institution, or hospital, which is  
9 conducted for, or includes a department or ward conducted for, the  
10 care and treatment of persons who are mentally ill;

11 (31) "Professional person" means a mental health professional and  
12 shall also mean a physician, psychiatric advanced registered nurse  
13 practitioner, registered nurse, and such others as may be defined by  
14 rules adopted by the secretary pursuant to the provisions of this  
15 chapter;

16 (32) "Psychiatric advanced registered nurse practitioner" means a  
17 person who is licensed as an advanced registered nurse practitioner  
18 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
19 practice psychiatric and mental health nursing;

20 (33) "Psychiatrist" means a person having a license as a  
21 physician and surgeon in this state who has in addition completed  
22 three years of graduate training in psychiatry in a program approved  
23 by the American medical association or the American osteopathic  
24 association and is certified or eligible to be certified by the  
25 American board of psychiatry and neurology;

26 (34) "Psychologist" means a person who has been licensed as a  
27 psychologist pursuant to chapter 18.83 RCW;

28 (35) "Public agency" means any evaluation and treatment facility  
29 or institution, or hospital which is conducted for, or includes a  
30 department or ward conducted for, the care and treatment of persons  
31 with mental illness, if the agency is operated directly by, federal,  
32 state, county, or municipal government, or a combination of such  
33 governments;

34 (36) "Registration records" include all the records of the  
35 department, behavioral health organizations, treatment facilities,  
36 and other persons providing services to the department, county  
37 departments, or facilities which identify persons who are receiving  
38 or who at any time have received services for mental illness;

39 (37) "Release" means legal termination of the commitment under  
40 the provisions of this chapter;

1 (38) "Resource management services" has the meaning given in  
2 chapter 71.24 RCW;

3 (39) "Secretary" means the secretary of the department of social  
4 and health services, or his or her designee;

5 (40) "Serious violent offense" has the same meaning as provided  
6 in RCW 9.94A.030;

7 (41) "Social worker" means a person with a master's or further  
8 advanced degree from a social work educational program accredited and  
9 approved as provided in RCW 18.320.010;

10 (42) "Therapeutic court personnel" means the staff of a mental  
11 health court or other therapeutic court which has jurisdiction over  
12 defendants who are dually diagnosed with mental disorders, including  
13 court personnel, probation officers, a court monitor, prosecuting  
14 attorney, or defense counsel acting within the scope of therapeutic  
15 court duties;

16 (43) "Treatment records" include registration and all other  
17 records concerning persons who are receiving or who at any time have  
18 received services for mental illness, which are maintained by the  
19 department, by behavioral health organizations and their staffs, and  
20 by treatment facilities. Treatment records include mental health  
21 information contained in a medical bill including but not limited to  
22 mental health drugs, a mental health diagnosis, provider name, and  
23 dates of service stemming from a medical service. Treatment records  
24 do not include notes or records maintained for personal use by a  
25 person providing treatment services for the department, behavioral  
26 health organizations, or a treatment facility if the notes or records  
27 are not available to others;

28 (44) "Triage facility" means a short-term facility or a portion  
29 of a facility licensed by the department of health and certified by  
30 the department of social and health services under RCW 71.24.035,  
31 which is designed as a facility to assess and stabilize an individual  
32 or determine the need for involuntary commitment of an individual,  
33 and must meet department of health residential treatment facility  
34 standards. A triage facility may be structured as a voluntary or  
35 involuntary placement facility;

36 (45) "Violent act" means behavior that resulted in homicide,  
37 attempted suicide, nonfatal injuries, or substantial damage to  
38 property;

1       (46) "Medical clearance" means a physician or other health care  
2 provider has determined that a person is medically stable and ready  
3 for referral to the designated mental health professional.

4       NEW SECTION. Sec. 15. (1) The Washington state institute for  
5 public policy is directed to complete a study by December 1, 2015,  
6 regarding the implementation of certain aspects of the involuntary  
7 treatment act under chapter 71.05 RCW. The study must include, but  
8 not be limited to:

9       (a) An assessment of the nonemergent detention process provided  
10 under RCW 71.05.150, which examines:

11       (i) The number of nonemergent petitions filed in each county by  
12 year;

13       (ii) The reasons for variation in the use of nonemergent  
14 detentions based on feedback from judicial officers, prosecutors,  
15 public defenders, and mental health professionals; and

16       (iii) Models in other states for handling civil commitments when  
17 imminent danger is not present.

18       (b) An analysis of less restrictive alternative orders under the  
19 involuntary treatment act including:

20       (i) Differences across counties with respect to: (A) The use of  
21 less restrictive alternatives and reasons why least restrictive  
22 alternatives may or may not be utilized in different jurisdictions;  
23 (B) monitoring practices; and (C) rates of, grounds for, and outcomes  
24 of petitions for revocation or modification;

25       (ii) A systematic review of the research literature on the  
26 effectiveness of alternatives to involuntary hospitalizations in  
27 reducing violence and rehospitalizations; and

28       (iii) Approaches used in other states to monitor and enforce  
29 least restrictive orders, including associated costs.

30       **Sec. 16.** RCW 71.05.620 and 2013 c 200 s 23 are each amended to  
31 read as follows:

32       (1) The files and records of court proceedings under this chapter  
33 and chapters 70.96A, 71.34, and 70.96B RCW shall be closed but shall  
34 be accessible to:

35       (a) The department;

36       (b) The state hospitals as defined in RCW 72.23.010;

37       (c) Any person who is the subject of a petition ((and to));

38       (d) The person's attorney((r)) or guardian ((ad-litem));

1        (e) Resource management services((,--or)) for that person; and  
2        (f) Service providers authorized to receive such information by  
3 resource management services.

4        (2) The department shall adopt rules to implement this section.

5        NEW SECTION.    Sec. 17.    (1) Sections 9 and 13 of this act expire  
6 April 1, 2016.

7        (2) Section 15 of this act expires June 30, 2016.

8        NEW SECTION.    Sec. 18.    Sections 10 and 14 of this act take  
9 effect April 1, 2016.

10       NEW SECTION.    Sec. 19.    Sections 1 through 9 and 11 through 13 of  
11 this act are necessary for the immediate preservation of the public  
12 peace, health, or safety, or support of the state government and its  
13 existing public institutions, and take effect immediately."

14       Correct the title.

EFFECT: The striking amendment retains the provisions of the underlying bill with the following changes:

(1) Removes the list of appropriate settings for single bed certifications, and provides that the Department of Social and Health Services (DSHS) may use the single bed certification process as outlined in rule.

(2) Removes language stating that a report by a designated mental health professional that there is no evaluation and treatment bed or alternative placement available for a person who meets detention criteria evidences a breach of the regional support network's duty to provide for an adequate network of evaluation and treatment services.

(3) Removes the provisions related to assisted outpatient treatment.

(4) Requires the Washington State Institute for Public Policy to conduct an assessment of the use of the nonemergent detention process and less restrictive alternative orders under the Involuntary Treatment Act.

(5) Provides the DSHS and the state hospitals with access to files and records of involuntary treatment court proceedings.

--- END ---